

Bioethics and caring

Stan van Hooff Deakin University at Toorak, Malvern, Victoria, Australia

Abstract

The author agrees with the critiques of moral theory offered by such writers as Bernard Williams and Alasdair MacIntyre, and uses ideas from Heidegger and Levinas to argue that caring is an ontological structure of human existence which takes two forms: caring about oneself (which he calls our “self-project”) and caring-about-others. This dual form of caring is expressed on four Aristotelian levels of human living which the author describes and illustrates with reference to the phenomenon of pain.

It is concluded from this analysis that traditional notions of morality as imposing obligations should give way to an understanding of ethics as the social forms given to our caring for ourselves and for others. A number of implications for ethical theory are sketched out with the conclusion that virtue theory should be preferred and that the model could be worked out more fully to show that virtue theory can be internalist, particularist, pluralist, personalist and objectivist.

Introduction

Bioethics is often seen as an instance of “quandary ethics”¹ of which the purpose is to provide guidelines for the making of difficult decisions for which there are no precedents arising from a pre-technological age. It is thought to require deductive thinking in which guidelines for a particular action are drawn from general principles or rules which tell us what it is obligatory or good for us to do. These principles or rules are said to be imperative, real, and universal and it is the task of moral philosophy, as it was of theology in the past, to tell us what they are. For their part, bioethicists combine knowledge of these obligations with knowledge of particular fields of endeavour such as medicine and health care in order to solve the practical quandaries which these fields throw up.

It follows that the quest for the “Foundations of Bioethics” would be conceived as a quest for

knowledge of the universal principles of morality. However, there has been much discussion in the philosophical community in recent years about whether such a quest could ever succeed.² A key point that has emerged is that theorists should be more concerned with what moves people to act well in the way of “internal” motivations rather than with what they are obliged to do because of “external” impositions of duty.³ The quest for foundations in bioethics should no longer be the quest for any such “external” set of norms.

I would argue that what we do in situations of moral difficulty or practical quandary is an expression of what we care about most deeply. It follows that a quest for the foundations of bioethics will be an exploration of the ontological being of the agent and, through this ontology, of the deepest levels of motivation within the agent.

Caring

What do I mean by “caring” in my title? Caring can be thought of as behaviour or as motivation. As behaviour the word often refers to looking after people and seeing to their needs, whether in the context of the health care professions, social work, teaching, parenting and other familial relationships, and so forth. As motivation the word can refer to being fond of someone, feeling sympathy or empathy for them, being concerned for their well-being, or having a professional commitment to seeing to their needs. It can be said that the best caring professionals exemplify both of these senses of the word. They are good at seeing to the needs of others and they are motivated to do so by their caring attitude.⁴ Such a person is described as a caring person.

In contrast to these familiar usages, I propose a technical notion of “caring” in which that word designates a fundamental structure of human living which would be the basis for these caring attitudes and behaviours and also for any sense of obligation that we might experience as arising from traditional moral norms. I will be arguing that there is a basis for ethics and hence for bioethics that is more fundamental than either rules or virtues. After all, the

Key words

Caring; ethical theory; virtue; pain; human nature; particularism.

value of rules and of virtues must be assessable. A rule is a good one if it meets standards of rationality or leads to approved consequences, and virtues are admirable if they lead to a good life for the individual and society. These further goods are a yardstick against which both rules and virtues must be measured.

My argument, developed fully in a forthcoming book,⁵ is that it is a mistake to appeal to some objective good to be this yardstick, whether such a good be the will of God, the Moral Law, the preferences of rational individuals, or the self-fulfilment or happiness (eudaimonia) of agents. In order for any good or principle to be a yardstick against which both rules and virtues can be measured, we must care about it.

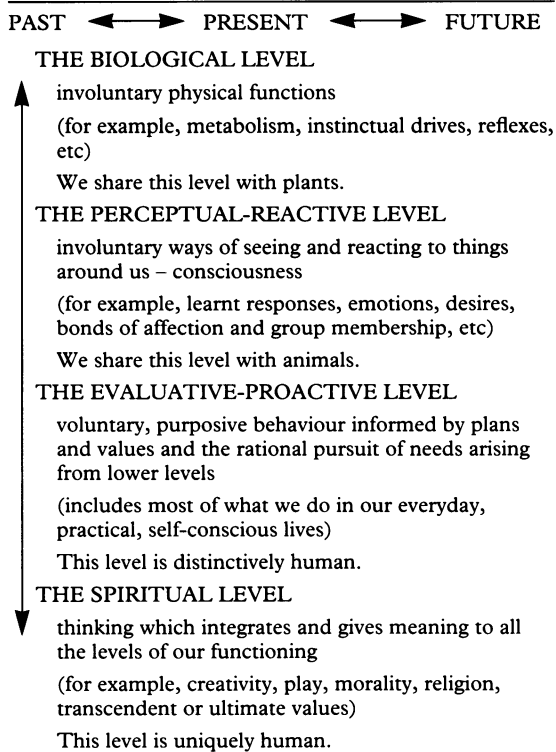
Deep caring

Caring in my sense is developed from the ideas of Aristotle, Karl Jaspers, Emmanuel Levinas, and Martin Heidegger. It does not designate a motivation or a desire of which an agent could normally be aware, but a deep and inchoate quest which does not have definable objects. It is the kind of quest that existential phenomenologists like Sartre captured with terms like *being-for-itself* and *being-for-others*. But I prefer to use Heidegger's special ontological notion of *care*.⁶ The phrase I use to distinguish this from the familiar concept of caring described above is "deep caring".

To use technical philosophical language, deep caring is not intentional. It is not a quest for anything specific. But it provides the impetus for all our concerns, our objectives, and our desires. Its fundamental purpose (but not conscious goal) is the formation and maintenance of both the integrity of our selves and also of our relationships with others and the world around us. I represent deep caring in this sense on the following diagram.

Most of the content of this diagram requires explication which goes beyond the scope of this paper. It might also be interesting to explore how it describes levels of human living which can be distinguished in a number of ways: as to their intellectual sophistication, as to the degree and kind of their presence to consciousness, as to their being individualistic or communitarian, and so forth. But the first crucial point to note is that these levels are levels of activity; or even better, levels of engagement with a person's environment in the richest sense of that word. The model does not represent "parts of the soul" in Aristotle's sense, as if it were describing parts of a living entity. What it is describing are levels of functioning and engagement.

This is the meaning of the top line of the model in which the temporality (to use Heidegger's term) of human existence is highlighted. What this means is that a human being is constantly oriented towards the future and acting from out of its past. This notion of the temporality of human living highlights



the dynamic nature of our being. We are constantly engaged, constantly striving, constantly doing (except when we are asleep and not dreaming). The phrase "human being" should be read as a verb rather than as a noun. It does not so much designate a biological entity as a mode of engagement with the world around us.

And this mode of engagement can be called deep caring. The world, the future, and other people all matter to us in some way. On my model, temporality is the horizontal axis of our deep caring. Insofar as this caring is, by its very nature, an active engagement with the world, so our being is outwardly oriented: a being-for-others.⁷

And this deep caring can be described on the four levels of the model. Many things in the world matter to us biologically. Our mothers when we are infants, the air we breathe, the food we eat, the sexual partners with whom we mate are all things that engage us because of the biological dynamic that constitutes our deep caring at this level.

Notice that it is difficult to describe these examples, especially the last, in purely biological terms. The further levels of our being and of our caring are engaged with these matters also. This is the significance of the arrow on the left of the model. A fully functioning human being does not operate on any one of these four levels by itself. To be a "whole person" (if I may use that overworked phrase) is to be engaged with the world at all four levels and to

have those four levels interact with each other so as to constitute the meaning and significance of our living. I call this vertical cohesion of human being "integrity", and I suggest that integrity in this sense is the inchoate *telos* of deep caring. Insofar as our deep caring is oriented towards this integration of our lives, I call it a "self-project".

Integrity in my sense is not the achievement of control on the part of the higher levels of the model over the lower levels. Aristotle's model of parts of the soul was hierarchical and allowed him to say that the higher parts should control the lower. In contrast, my model is "holistic". Our breathing is not controlled by the higher levels of my model and yet is a matter of deep caring for us, as is evidenced by the shift in our priorities when we experience breathing difficulties. More ethically interesting biological functions such as sex only become a matter about which we might ask ethical questions, such as whether control should be exercised over them, after they have been shaped by all the levels of our being so as to take on ethical significance. The question of whether a sexual desire should be controlled is not a question that arises from the higher levels so as to be directed to the lower. It is a question about how one's integrity as a being which functions at all four levels should be preserved.

To illustrate the model, let us consider pain. Pain is a biological phenomenon arising from dysfunctions or lesions in the body. At level one of our being there will be the cries and grimaces that are the involuntary expressions of pain. But pain is experienced and so is lived out on the second level of our being. At this level there are not only feelings of pain and distress, but also emotions and reactions which are constituted socially and interpersonally but which are experienced as arising pre-consciously. At this level there is suffering. The involuntary expressions of my pain will be partially a function of the cultural formation that allows me to express my pain in that way. In our society, for example, men are less likely to express their pain directly than women. Pain behaviour is a learnt response and this learnt response is the expression of our deep caring about pain at the second level of our being. And, given that we are related to others at all levels of our being, another expression of our deep caring at this level will be spontaneous compassion with the pain of others.

At the third level of my model will be those many behaviours of avoidance and palliation which constitute our rational and practical response to pain, whether that pain is actually being experienced or merely being envisaged as a possibility in our lives. In the case of a particular pain episode, our visit to a doctor or our reaching for the aspirin will be our living out our deep caring about pain; our expression of the fact that pain matters to us. Further, as we move to the third level of our being, there will be individual and collective deliberations and plans, ranging from buying more aspirin to setting up hospitals. The rational basis for this collective action

will be the recognition that others too can suffer pain and that co-operation is needed to deal adequately with it. The social provision of health care is a collective expression of deep caring focused at the third level of our being.

But most importantly, and most frequently neglected, there is the fourth level of our deep caring in which people will seek to integrate biological pain episodes and the sets of reactions and activities that respond to them into their conception of themselves and of their deepest values and relationships. People suffering pain will seek to understand their suffering in the context of their lives and beliefs. A religious person will see it as the will of God, whether as a test or as punishment. A secular person will see it as bad luck or as an opportunity for personal growth, and so on. The number of ways in which pain can be given meaning and made into an integral part of the narrative of a life are many and varied. We should include the ways people feel called upon to respond to the pain of others. The fourth level of our being will be the level at which the whole set of reactions, feelings and activities relating to pain will be given its meaning in ultimate terms.

Deep caring is an engagement along both the horizontal and vertical axes of my model. It is an engagement with the world, with the future and with others, but, given the vertical axis, it is also an engagement the inchoate purpose or function of which is the constitution of our integrity as whole persons. Caring is both being-for-others and self-project. I said earlier that caring has no object; it is not intentional. I am not now suggesting that it is the true object of our caring to live out our life over time and to establish and maintain our integrity in doing so or to relate to others in determinable ways. Our goals and purposes are what they are given to us as being in our own self-consciousness (even if it may sometimes require difficult and honest reflection to discover them). But that they matter to us arises from a deeper and pre-conscious mode of our being. The caring which I am seeking to describe is not a caring about this thing or that, or about this person or that. And it is not a caring about ourselves and our integrity. If we care about anything or if we care for anyone, it is because deep caring is the very nature of our being. These familiar and intentional forms of caring are expressions of our ontological being as deep caring. The function of deep caring is to integrate our living and to give it world-relational and intersubjective meaning.

The way in which this function is exercised is for our deep caring to be given form. The things in the world, the projects, and the persons that we relate to, as well as the social solidarities and the faiths that we have, give structure and direction to our deep caring. They are important to us because they are the occasion for our inchoate caring to become focused. Our intentional concern for these things will then be the expression of our deep caring.

Implications for ethics

And so it is for ethics. Ethics is an expression of our deep caring in the sense that it is a socially constructed form through which we constitute the integrity of our being and the quality of our engagement with the world and with others. This does not imply egoism. I am not saying that while being seemingly concerned for ethical values, one is actually only concerned for one's own integrity or relationships. What one is actually, consciously, and authentically concerned with is the ethical object of one's current projects. But the force of one's concern, its engine so to speak, is one's own nature as deep and inchoate caring: one's fundamental and inescapable engagement with self and world.

How does this help us understand ethics and, by implication, bioethics? In a paper that is already too schematic, I can only give a sketch of an answer by alluding to a number of current debates in ethical theory and indicating how my model might be relevant to them.

1. My model can be used to suggest that most ethical theories are reductionist in that they highlight just one of the levels of human existence rather than all four. If ethical theory, along with ethical agency, is an expression of our deep caring, and if my model gives a holistic picture of four levels of that deep caring, then we would expect that ethical theory would be an expression of all those four levels in my model. However, I would suggest that this is seldom the case.

An extreme example would be sociobiology, which explains ethics in terms of genetically grounded traits. Such a theory is clearly reductionist in that it focuses only on the biological level of our being. But various forms of intuitionism and emotivism would be reductionist in a similar way. The second level of our deep caring is where our socially formed reactions and pre-conscious intuitions come to expression. On my model, moral convictions and intuitions which seem self-evident and inescapable to an agent would be seen as only a part of ethical life. I would place most rationalistic ethical theories on the third level of our being. Consequentialism requires us to deliberate about actions in relation to their outcomes and this activity is an expression of the third level of our deep caring. And in most versions of utilitarianism, happiness seems to me to be a third level value. It is at the fourth level of our being that we adhere to values in an ultimate commitment. For example, a deontologist might adhere to the value of duty in an ultimate way and various ethical theories of a Platonic stamp (including Christianity) involve a faith in ultimate values or sources of value.

My model would suggest that no ethical theory could be an adequate expression of our deep caring if it did not relate to all four levels of our being. Moreover, no description of ethical agency (or moral psychology) could be complete if it did not show

how such agency was an expression of all four levels of our deep caring.

2. My model gives us the subjective and motivational basis for ethics, and hence for bioethics, which I have argued we need. In doing so, it supports "internalists" in their debate with "externalists".⁸ Externalists believe that there is a distinction between knowing what is the right thing to do and wanting to do it. Along with a belief, there must be a relevant desire if an action is to occur. A belief cannot motivate by itself. Hence a belief about the world (that a patient is suffering, for example) is not, by itself, a motivation for acting. One must also have a desire (whether it be based in compassion, or in a moral principle of beneficence, or whatever) to cause one to act.

My model departs from this explanatory paradigm of human action.⁹ On my model, the human subject is not an ontological isolate comprising a combination of cognitive input and conative output. By virtue of our ontological being as deep caring, we realize ourselves by reaching out to the world and to others. We are primordially intersubjective and related to our world. The world is always already meaningful rather than a neutral field available to our scrutiny and evaluation. In this sense I am an internalist. If the situation is such that I am in a position to help, my belief that another is suffering is a moral reason for me to act and will be immediately motivational. The suffering of another typically calls out to us immediately for a response. (We are, of course, free to reject this call, but at a cost to our integrity as self-project and being-for-others.)

3. There is debate as to the nature of moral obligation or "practical necessity". Against those moral realists who would give a metaphysical grounding to moral obligation, Bernard Williams has said that the feeling that we "must" do something "goes all the way down".¹⁰ My model suggests what this might mean. Our ontological being as deep caring can express itself imperiously when objects with which we are engaged and our integrity are at stake. Moral "oughts" are an expression of deep caring.

4. My model allows us to explain why not all morally significant actions are matters of obligation. Some actions are good but supererogatory. Such actions will have been culturally shaped as expressions of our deep caring as being-for-others but without engaging our deep caring as self-project to the same extent.

5. My model also allows us to explain why some actions are marked by deontological constraint. Actions that we would under no circumstances do – actions which are unthinkable – are actions which will have been culturally shaped as expressions of our deep caring as self-project but without engaging our deep caring as being-for-others to the same extent.

6. My model is consistent with ethical theories such as those of Hume and J S Mill that appeal to "natural sympathy" or a "natural motivation to be

ethical" as basic to morality.¹¹ But there is the important difference that deep caring is an inchoate and non-intentional comportment which is concerned both with self and with others. It can be expressed as sympathy in the context of situations that call for it, but it might on other occasions be expressed as anxiety for oneself. And in each case, however, such reactions will be expressions merely of the second level of our being.

7. My model can throw light on the current debate between those who argue for a "different voice" in ethics as theorised by Carol Gilligan¹² and those who argue that Lawrence Kohlberg has fully described moral development along Kantian lines. Gilligan has suggested that, when making ethical judgments, girls are more concerned with maintaining caring relationships and bonds than with following general rules. It would be too easy to say that Gilligan's concepts are appropriate for describing the second level of our being where our bonds and relationships come to expression, while Kohlberg's describe the third (or perhaps, fourth) level of rational thought. Both theorists purport to describe the same thing; namely, the growth and development of our moral thinking. It might also be tempting to see my model as a developmental one and to suggest that the women studied by Gilligan arrested their development at the second level, while Kohlberg's subjects went on to develop levels three and four. But my model is not developmental or hierarchical. Rather it hypothesises a deep level of caring in all human beings which comes to expression at various levels. It is possible that social formation will favour one form of expression over another, and it is likely that such social formation will differ between people in gender-specific ways. (However, there is no suggestion in my model that deep caring is a feminine quality.) Gilligan is right to have reminded us that expressions of deep caring at the second level of our being are as valid as expressions at other levels. However, it would be reductionist to stress this level to the exclusion of others.

8. My model suggests an account of the purpose of ethics as an expression of our deep caring. Deep caring is concerned with solidarity with others (especially those with whom one has some bond) and with integrity. Ethical discourse is a way of seeking to secure this solidarity and integrity in the face of actions, ways of life, or personal characteristics which might threaten them. While there are many theorists (especially in the field of bioethics) who see the purpose of ethical discourse as the formation of social policy and law, and while I would not deny that this purpose has importance, I would place the stress on the personal point of view. Engagement with public policy issues is an expression of deep caring chosen as a vocation by some, but, by virtue of their ontological place in a realm of intersubjectivity, everyone has a stake in articulating their ethical lives in public discourse.

9. To those who argue about whether the basic motivational structure of human lives is altruistic or egoistic, I suggest that deep caring looks both outwards and inwards at the same time. Not being intentional, deep caring cannot be described as either altruistic or egoistic. It is an ontological mode of being which is both self-project and being-for-others. This is not to deny that social formation might favour one orientation over the other. But in the hidden depths of our being, we are neither exclusively altruistic, nor exclusively egoistic. In an ideally formed human being, integrity and solidarity will be equally strong motivations.

10. There is a debate as to whether ethical obligations are "real" from an impersonal point of view. Realists would argue that impartial thinking or "the view from nowhere" gives us a surer grasp of what is morally required of us than a point of view which takes account of our particular and personal relationships and properties. I favour the personal point of view.¹³ Insofar as it is our integrity and intersubjective solidarity which lie at the heart of our concerns, the scope of our moral obligations will emanate from our being so as to embrace those whom we love, for example, with greater urgency than those we do not. Moreover, insofar as we might be committed to ideals of justice at the fourth level of our being, the call upon us of those who suffer injustice will be more urgent than of those who suffer simple need.

This does not mean that the call upon us of morally salient features in a situation are not "objective". They are there to be apprehended by anyone with the educated sensitivity required to sense them.¹⁴ The ethical formation which we receive in our communities and the ethical discourse of these communities will create a set of standards of moral excellence which will be objectively present for us in our lives.

11. My model is descriptive of our ontological being and gives an account of our obligations. As such it is not prescriptive. Rather than telling us what we should do, my model explains why we have the moral notions that we do. By showing how all four levels of our being come to expression in such notions, my model explains why ethics matters and why morally relevant situations call out to us so as to demand our response.

12. It follows from my model that moral education would not consist in the explanation of moral principles or instruction in moral theory, but in showing how the deep caring of the moral neophytes can be fulfilled in a variety of ways in a variety of situations. As opposed to a teaching that would address only the third level of our being, moral education will consist in showing what is morally salient in a situation. Rather than teaching medical or nursing students about the principle of beneficence so that they will know that they ought to respond when a patient is in pain, one would teach those students what pain is and means so that

they will respond to it in accordance with all four levels of their natures as deep caring. This teaching will be phenomenological, reflective and anthropological, rather than instruction in moral theory. It is a consequence of my "internalist" position that any agent who understands a situation as involving pain that she can alleviate, will be moved to do so. If she were not so moved she would not have understood the situation correctly, with regard to its moral salience. So moral instruction must aim to enable such understanding of the situation.¹⁵

13. There is currently a debate about whether we always apply a single set of moral principles and a single form of moral judgment in various situations. Those who deny this are "pluralists". Pluralists argue that we may think deontologically in some situations, consequentially in others, while in others again we might be more concerned to preserve or develop virtue. Again, some pluralists point to a number of incommensurable overarching values or principles which might guide our lives (and which, on my model, would be operative at the fourth level of our being). My model is pluralist. Rationalism is no more the final arbiter of moral norms than emotivism or intuitionism would be. My four-level model embraces all of these approaches at the various levels but sees them all as expressions of deep caring as self-project and as being-for-others. As such it provides a theoretical basis for pluralism in that it gives various ethical theories their (limited) place as expressions of deep caring.

Insofar as I argue that moral theory and moral thinking are culturally formed contingent expressions of deep caring, the importance and value of our lives centre on integrity and solidarity rather than on the ways we might have developed for achieving these, or the values we might have articulated in order to express them. There might be a number of generalisable decision procedures, or rules of thumb, or ideals of character for solving ethical dilemmas. But what matters is that each situation calls out to us in its own terms and calls out to all four levels of our being. What being ethical calls for is that one acts so as to constitute and preserve one's being as self-project and as being-for-others.

14. In relation to the debate between "generalists" and "particularists", I would acknowledge the importance of the latter.¹⁶ A generalist holds that a moral judgment or decision takes the form of a deduction from general principles or rules, while a particularist stresses the sensitive attention that a moral agent should give to the morally salient features of the situation. These approaches need not be mutually exclusive, but there is an issue in descriptive moral psychology as to which takes priority. Given my conception of human being as involving a primordial orientation towards others and towards oneself, caring attention to the situation will be a framework in which any judgment or decision takes place.

A moral agent may use moral principles to

articulate her motivational stance in any given situation and she may even express her thinking during or after the decision by way of a practical syllogism, but these will be forms given to her pre-conscious deep caring. Such forms are learnt in a given culture. In our post-enlightenment culture, most of us learn to express our deep caring in response to morally relevant features of a situation by thinking of principles, rules or virtues. In another culture agents might respond in terms of what they take to be the will of the gods. And even understanding what is morally relevant in a situation will be a culturally learnt response operating at the second level of our being. What is regarded as a routine matter in one culture, might be a matter that calls for moral deliberation in another. The more individualistic a culture is, the greater the scope for asking what ought to be done.

Generalist ways of thinking are appropriate at the third level of our deep caring, while particularist ways of reacting are expressive of the second level. A full ethical theory will embrace both approaches. However, ethics is important in particular situations rather than as a matter of theoretical discourse. What we care about deeply is our integrity and our belonging. These are particular. Our concern with general ethical norms is derivative from this particularity.

15. In the debates between "virtue ethics" and "rule-based ethics". I would side with the proponents of virtue. If the choice here is between considering what a moral agent should *be* rather than what he should *do*, then my model focuses on the first. The fundamental moral motivation is the twin motivation of preserving relationships and integrity. This is an orientation to what we should be. What we should do becomes a derivative question that gains its urgency from this deep caring.

Indeed, I would suggest that virtue-based ethical theory might be the only adequate way of holistically embracing all four levels of our deep caring. The key idea of virtue theory is that something deep within an agent comes to expression in moral action. What this something deep is will be described on my model as involving all four levels of our being. With this model virtue theory can be internalist, particularist, pluralist, personalist, and objectivist.

The rule-based ethicist says that we must make our ethical decisions on the basis of reasons. And if these reasons are to sway us, or to explain and justify our actions to others, then they must be general. That is, they must be understandable by other people in terms of how they apply to such situations in general, and agents must understand them and be prepared to apply them in other similar situations. On the other hand, virtue ethics is "particularist". What a virtuous person is able to do is to attend to all the morally relevant features of a particular situation and respond to them appropriately. She may not be able to say why she acted as she did and she may not be able to say ahead of

time how she would act in a situation like the one at issue. Nor would she be able to say that she would act that way again in a similar situation (given that there can be morally salient differences in similar situations).

This point can be brought out with an analogy. Tom loves Mary. Jim asks Tom, why do you love Mary? Tom is unable to answer clearly, but when pressed he says that Mary has a sweet disposition and lovely hair and a cute smile. Jim now says that Jill has a sweet disposition and lovely hair and a cute smile too. Why doesn't Tom love her as well, or instead? If love were based on reasons, this point would confound Tom because reasons are general and what applies to one case should apply to others which are similar. But love is not like that. It is particularist. Something deep in Tom is attracted to Mary and reasons are only a superficial gloss on this. My point is that moral decisions are particularist in just this way. Something deep in the agent responds to what is morally relevant in the situation (the pain of the patient, or their loss of hope, say). The agent might be able to give no clear reason for her decision and offer no clear principle that she is following or would follow in similar circumstances. All that can be said is that this "something deep" motivates the agent to do what she sees is best. This is her virtue.

But is such a non-generalisable account of any use to us? This depends on what we think ethical theory is for. If it is to give us guidance as to what we should, in general, do, then such a notion of virtue is useless. Because it does not trade on general reasons, it cannot offer guidelines or even rules of thumb. If these are what we want, then an ethics of duty is what we need. But if ethical theory is for giving us a description of moral psychology (and this is of practical importance for understanding moral education), then it should accept the particularist nature of moral decisions. The discourse of bioethics may contribute a general form to the inchoate desire to create and preserve relationships and integrity, but there is no ultimate guidance and no safety offered by the pronouncements of professional ethicists.

Acknowledgement

An earlier version of this paper was read at a session entitled "Foundations of Bioethics" at the second International Congress of the International Association for Bioethics in October 1994, in Buenos Aires, Argentina. I am grateful to the editor of JME and to some anonymous reviewers for helpful comments.

Stan van Hooft, MA, PhD, DipEd, is Lecturer in Philosophy, Faculty of Arts and School of Nursing, Deakin University at Toorak, Malvern, Victoria, Australia.

References and notes

- 1 Pincoffs E L. *Quandaries and virtues*. Lawrence, Kansas: University Press of Kansas, 1986.
- 2 The most notable examples of this trend are Williams B, *Ethics and the limits of philosophy*, London: William Collins, 1985, and MacIntyre A, *After virtue: a study in moral theory*, London: Duckworth, 1981. For a more recent discussion of more limited scope in which impartial reason is criticised as a basis for ethical judgment, see MacLean A, *The elimination of morality: reflections on utilitarianism and bioethics*, London and New York: Routledge, 1993.
- 3 Even recent discussions of 'virtue ethics' can fail to note this distinction. The demand to be virtuous is often seen as just another external demand rather than one that arises from the motivational structure of the agent. (For example, see Loudon R B, On some vices of virtue ethics and Beauchamp T L, What's so special about the virtues?, both in Haber J G, ed, *Doing and being: selected readings in moral philosophy*, New York: Macmillan Publishing Company, 1993.
- 4 I discuss this further in my Caring and professional commitment, *The Australian journal of advanced nursing*, 1987; 4, 4: 29–38.
- 5 Van Hooft S. *Caring: an essay in the philosophy of ethics*. Niwot, Colorado: University Press of Colorado, 1995.
- 6 Heidegger M. *Being and time* [trans by Macquarrie J, Robinson E]. Oxford: Basil Blackwell, 1973: sections 64 and 65.
- 7 I am not using this phrase in the somewhat defensive and solipsistic way that Sartre uses it in his analysis of 'The Look' in his *Being and nothingness* [trans by Barnes H], New York: Washington Square Press, 1966: 340 ff.
- 8 For a thorough exposition of this debate see Dancy J, *Moral reasons*, Oxford: Blackwell, 1993.
- 9 The paradigm that both beliefs and desires are needed to explain actions was articulated by Donald Davidson in recent times in his *Essays on actions and events*, Oxford: Oxford University Press, 1980, but is at least as old as Hume.
- 10 See reference (2): Williams B: 188.
- 11 Mill J S. Utilitarianism. In: Ryan A, ed. *John Stuart Mill and Jeremy Bentham, utilitarianism and other essays*. London: Penguin Books, 1987: 303.
- 12 Gilligan C. *In a different voice: psychological theory and women's development*. Cambridge, Mass: Harvard University Press, 1982.
- 13 For an interesting discussion of these issues see Blum L A. Vocation, friendship, and community: limitations of the personal-impersonal framework in his *Moral perception and particularity*. Cambridge: Cambridge University Press, 1994: 98–123.
- 14 The nature of this objectivity is explored by Julius Kovesi in his *Moral notions*, London: Routledge & Kegan Paul, 1967. Following Wittgenstein, Kovesi develops the idea that moral notions are objective although tied to the practices of particular language communities.
- 15 I have developed these ideas, without the aid of my model, in my Moral education for nursing decisions, *Journal of advanced nursing* 1990; 15: 210–5.
- 16 For an introduction to the particularist position, see reference (13): Blum L A, Iris Murdoch and the domain of the moral: 12–29.